DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200315391-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
METHOD AND SYSTEM FOR CULLING VIEW DEPENDENT VISUAL DATA STREAMS FOR A VIRTUAL							
the specification of w	vhich is a	ttached hereto unless th	e following box is ch	ecked:			
		as US Application No. or PCT International Application					
Number							
				above-identified specification,			
including the claims,	as amer	nded by any amendment is material to patentabili	t(s) referred to above	e. I acknowledge the duty to			
F reign Application(s) and	/or Claim o	f Foreign Priority					
inventor(s) certificate liste	d below an		ny foreign application for I	ny foreign application(s) for patent or patent or inventor(s) certificate having			
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
				YES: NO:			
				YES: NO:			
Provisional Application							
I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:							
	<u> </u>	APPLICATION NUMBER	FILING DATE				
							
U. S. Priority Claim	L						
I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
APPLICATION NUME	BER	FILING DATE	STATUS (pa	atented/pending/abandoned)			
		<u> </u>	,				
POWER OF ATTORNEY:							
		oint the following attorney(s) Office connected therewith:	and/or agent(s) to prose	cute this application and transact all			
Customer Number		022879	Place Customer Number Bar Code Label here]			
Send Correspondence	to:		Direct Telephon	e Calls To:			
HEWLETT-PACKARD	COMPANY		·	I by D. Harray I.,			
Intellectual Property Administration P.O. Box 272400			Denise L. Saffo	(400) 030-0060			
Fort Collins, Colorado	80527-24	00	(650) 236-486	(400) 330 3000			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Full Name of Inventor: Michael E. GOSS Citizenship: USA							
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Post Office Address: SAME AS RESIDENCE							

Inventor's Signature

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

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Full Name of # 2 joint inventor:	Daniel G. GELB		Citizenship: USA
Residence:	1774 Hempstead Place, Redwood	City, CA	94061
Post Office Address:	SAME AS RESIDENCE		
Don's.	m	10/	8/03
Inventor's Signature		Date	
Full Name of #3 joint inventor:	Thomas MALZBENDER		Citizenship: USA
Residence:	4331 Miranda Avenue, Palo Alto,	CA 9430	
Post Office Address:	SAME AS RESIDENCE	-	
Thomas Mulz	land.	10 18	102
Inventor's Signature	may may make the same and the s	Date	
Full Name of #4 joint inventor			Citizenship:
Residence:			
Post Office Address:			
Tourse of a Claim-to-line			
Inventor's Signature		Date	
Full Name of #5 joint inventor	:	_	Citizenship:
Residence:			
Post Office Address:			,
Inventor's Signature		Date	
Full Name of #6 joint inventor	:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of #7 joint inventor	:		Citizenship:
Residence:			
Post Office Address:			
		_	
Inventor's Signature		Date	
Full Name of #8 joint inventor	7		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		B-4-	
		Date	